

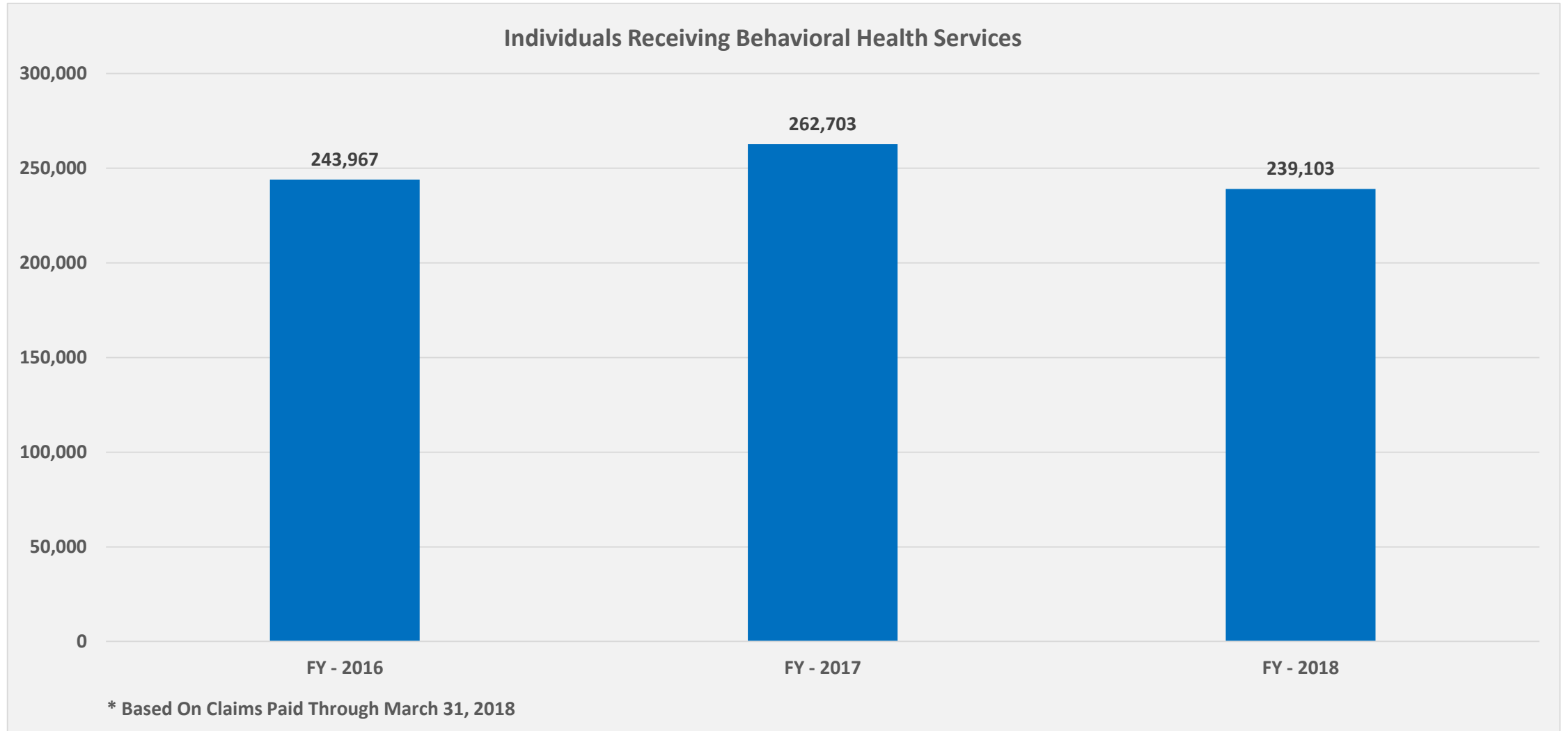
**Barbara J. Bazron, Ph.D.**  
**BHA Annual Conference**  
**May 2, 2018**  
**9:00 – 9:30 a.m.**

**Moving Towards a Transformed  
System of Care...A Year-End  
Review**

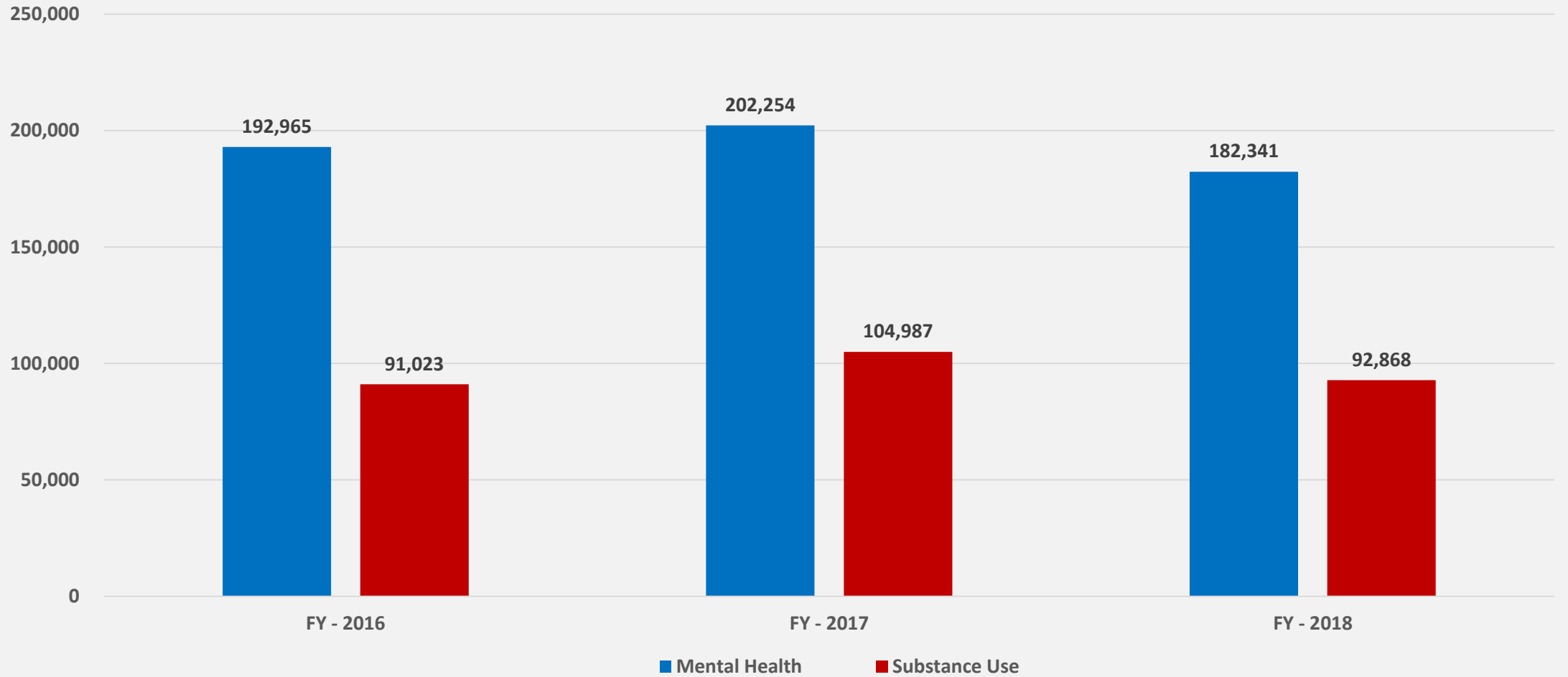


MARYLAND  
Department of Health

# More of Maryland's Citizens are receiving behavioral health services....



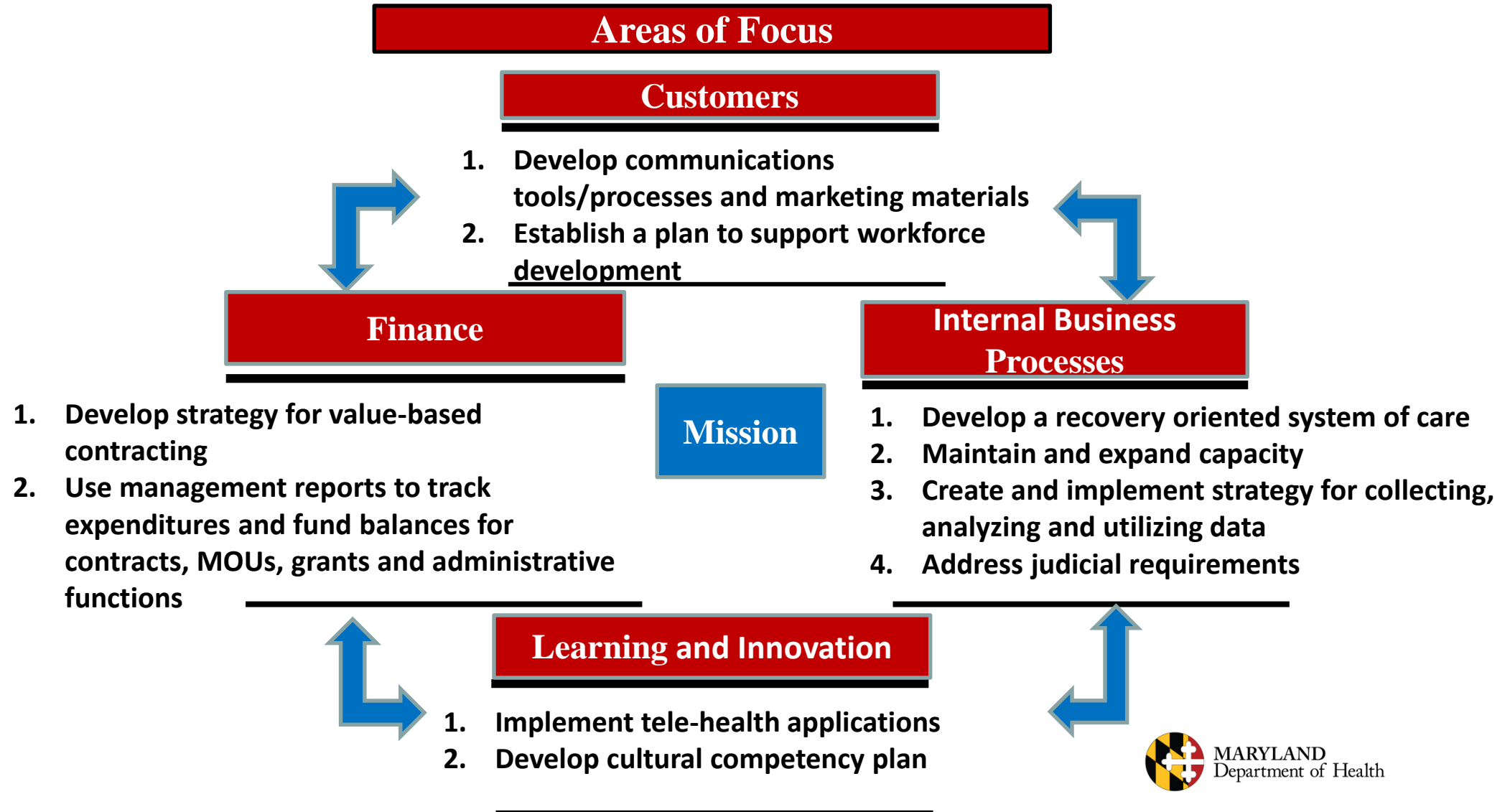
### Individuals Served by Service Type and Fiscal Year



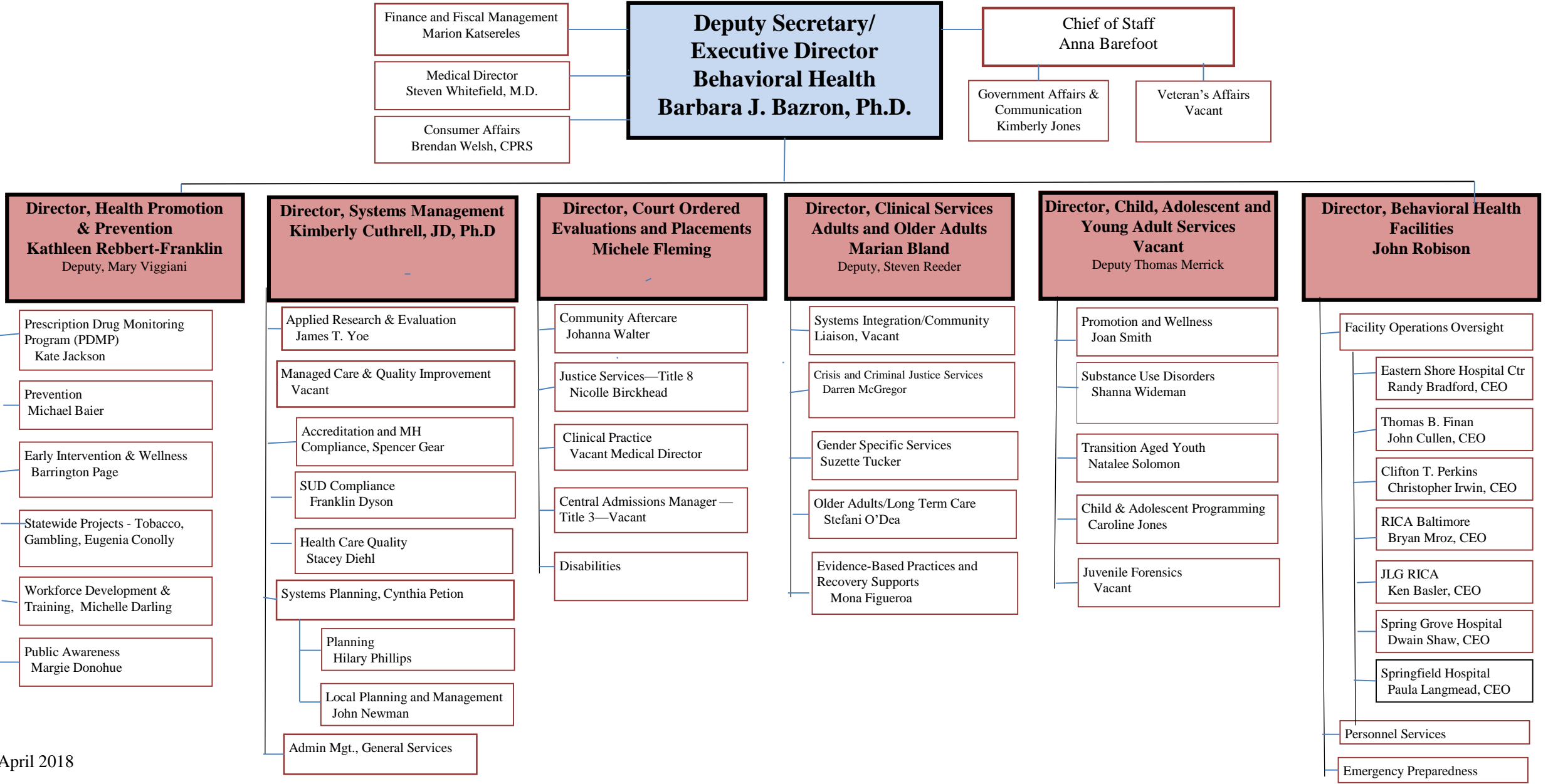
\*Based On Claims Paid Through March 31, 2018

# Moving Forward...Developing FY 17-18 Strategic Goals

---



# Internal Business Process: Transforming BHA’s administrative structure



## **Centralized Admissions Office Mission**

The Maryland Department of Health (MDH) has created a Centralized Admissions Office that will process all court orders that commit patients to MDH for evaluation or treatment services for substance use disorders or mental health issues.

The Centralized Admissions Office will serve as the single point of contact for submitting all court orders to MDH and making any inquiries on such orders. Send all court orders by e-mail or fax.

## **CONTACT INFORMATION**

---

Centralized Admissions Office Main Number: 410-402-8422

E-mail: [mdh.admissions@maryland.gov](mailto:mdh.admissions@maryland.gov)

Fax: 443-681-1035

### **Questions:**

Michele Fleming, LCSW-C

Director, Central Admissions Office: 410-916- 1215 (cell)



**MARYLAND**  
Department of Health



Finan Center



Perkins



Eastern Shore



Springfield



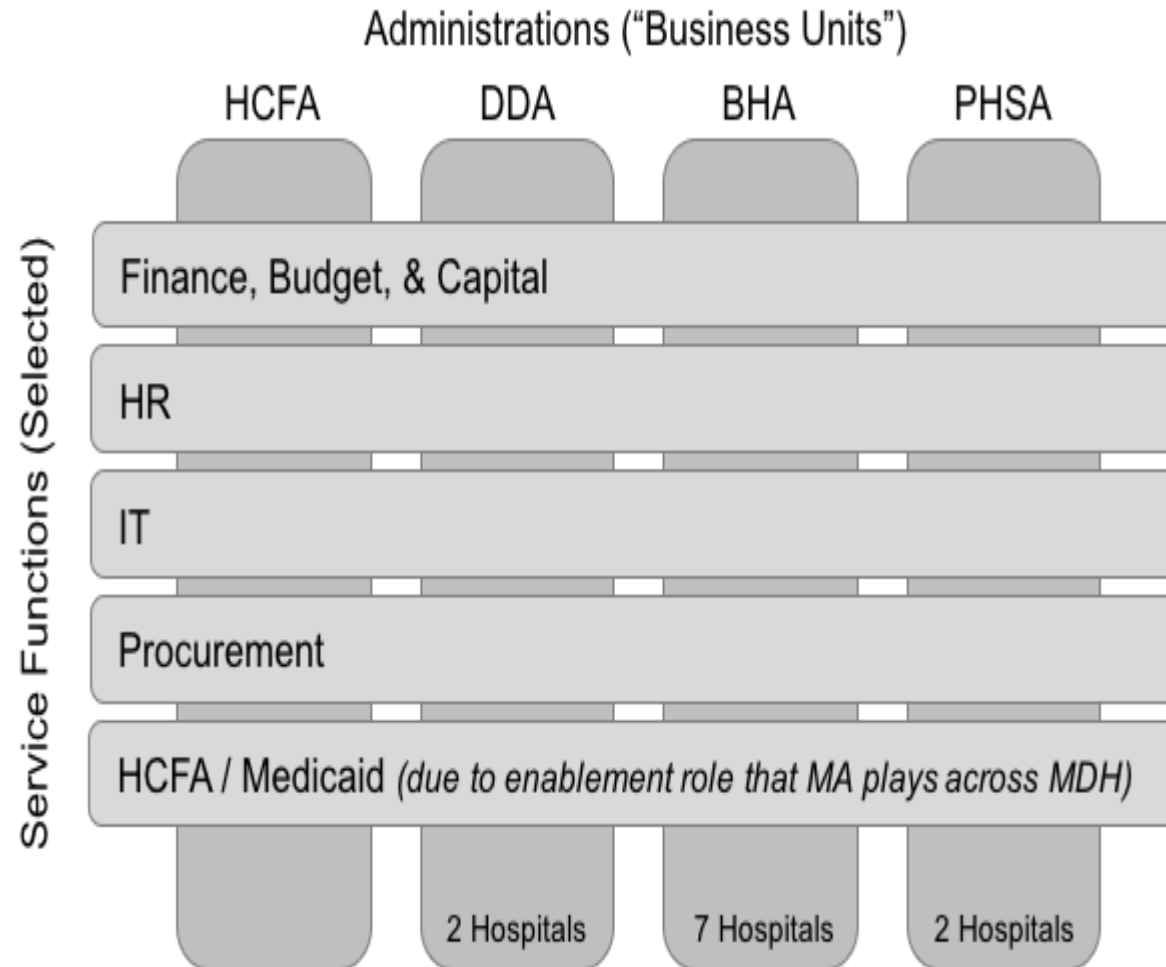
Spring Grove

**BHA Hospital System**  
**John Robison, Chief**



# Shared Services Model

---

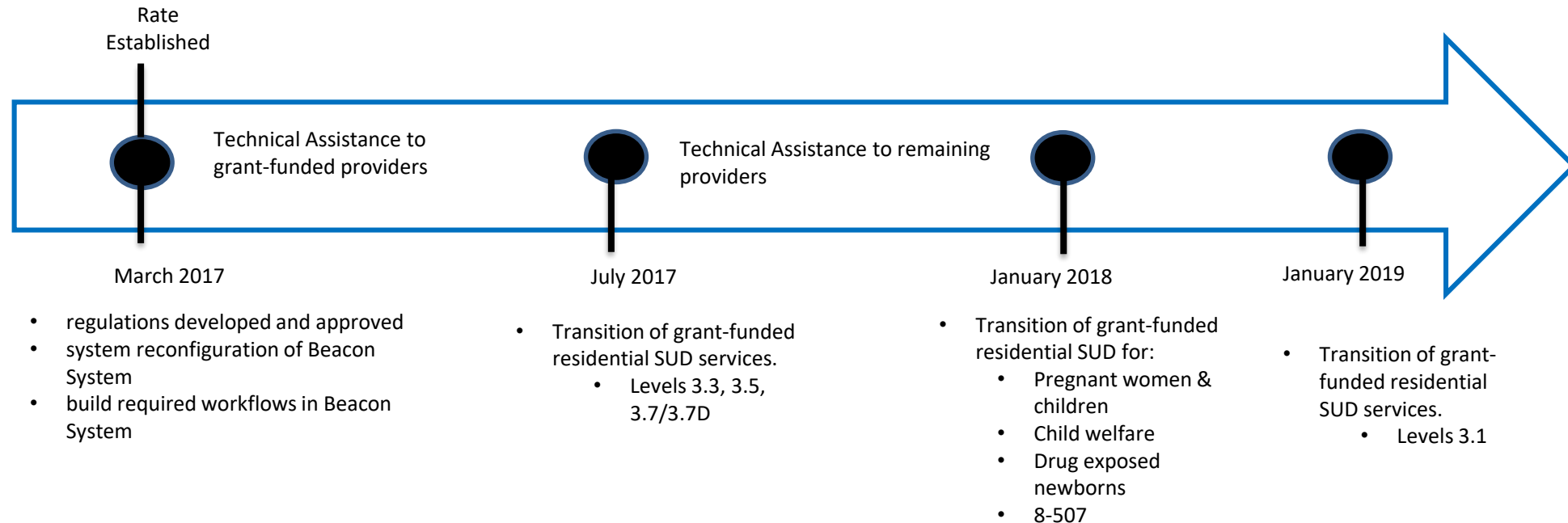




# Internal Business Processes: Maintaining and expanding service capacity

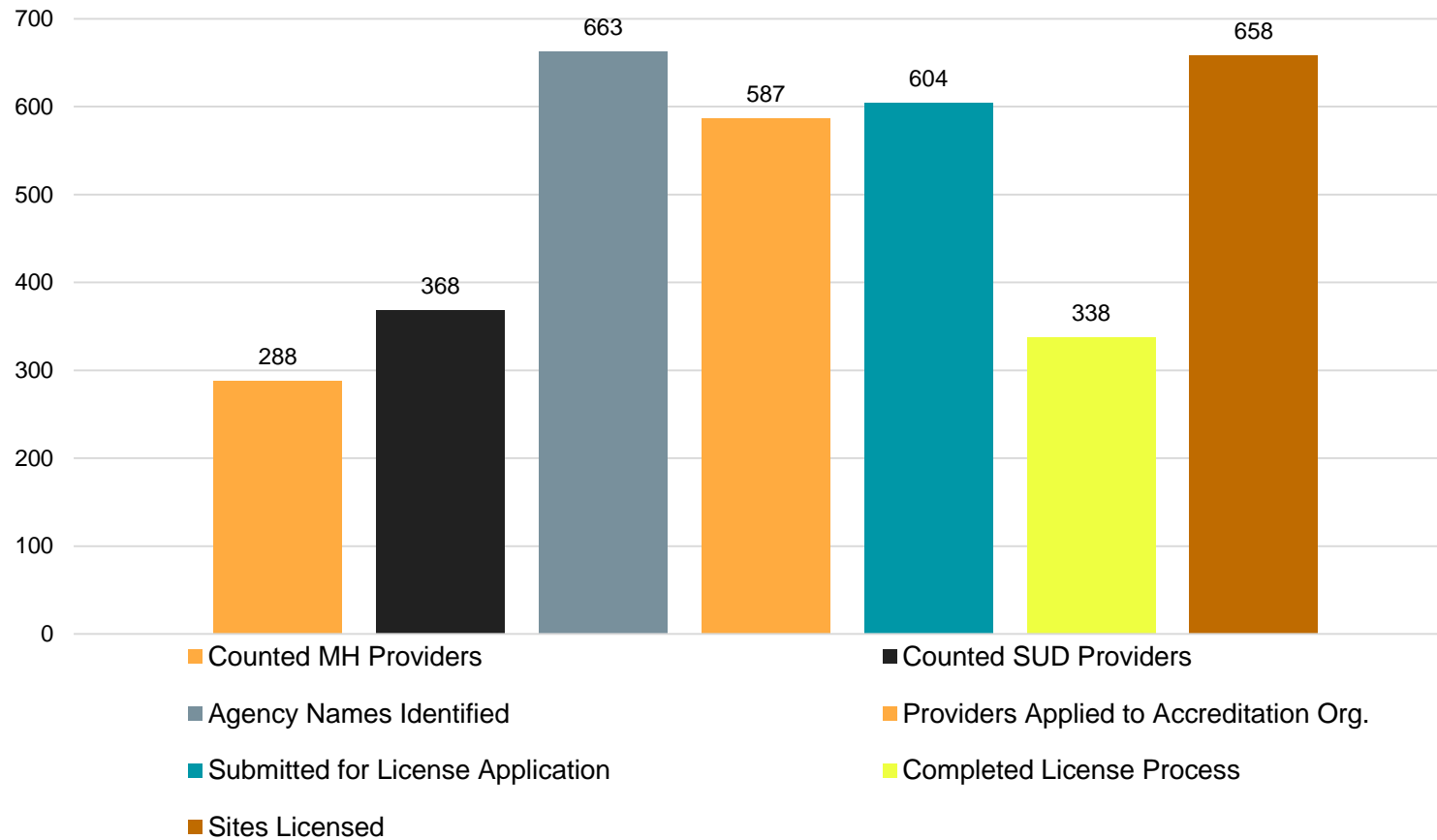
---

## Transition of Residential Substance Use Disorder Services to Fee-for-Services



# Licensure & Accreditation Status

---



As of April 20, 2018

# Certified Recovery Residences Program Established in October 2017

---

Recovery Residences provides alcohol and illicit-drug-free housing for individuals with substance-related or co-occurring mental health and substance-related disorders.

Number of Certified Recovery Residences	232
Number of Certified Beds	2172

# Naloxone Distribution - Certified Recovery Residences

---

**We continue to expand Naloxone to save lives!**

**Naloxone will be distributed to all Recovery Residences May 7<sup>th</sup>.**



# Pregnant Women/Women with Children/SB 512 Rates

---

ASAM Level of Care	Clinical Rates Per Diem	Room and Board	Total Reimbursement (Clinical + R & B)
Level 3.3	\$189.44	\$106.11	\$295.55



# HB 7 Child Welfare Involved Families Reimbursement Rates

---

ASAM Level of Care	Clinical Rates Per Diem	Room and Board	Total Reimbursement (Clinical + R & B)
Level 3.3	\$189.44	\$45.84	\$235.28
Level 3.5	\$189.44	\$45.84	\$235.28
Level 3.7	\$291.65	\$45.84	\$337.39
Level 3.7 WM	\$354.67	\$45.84	\$400.51



# Health General 8-507 Rates Established for Court-Committed Individuals with Substance Use Disorders

---

ASAM Level of Care	Clinical Rates Per Diem	Room and Board	Total Reimbursement (Clinical + R & B)
Level 3.3	\$189.44	\$60.01	\$249.45
Level 3.5	\$189.44	\$60.01	\$249.45





# BHA Data Dashboard

## Service Utilization: Mental Health - FY 2017

202,254

Count of Individuals

Program

Mental Health

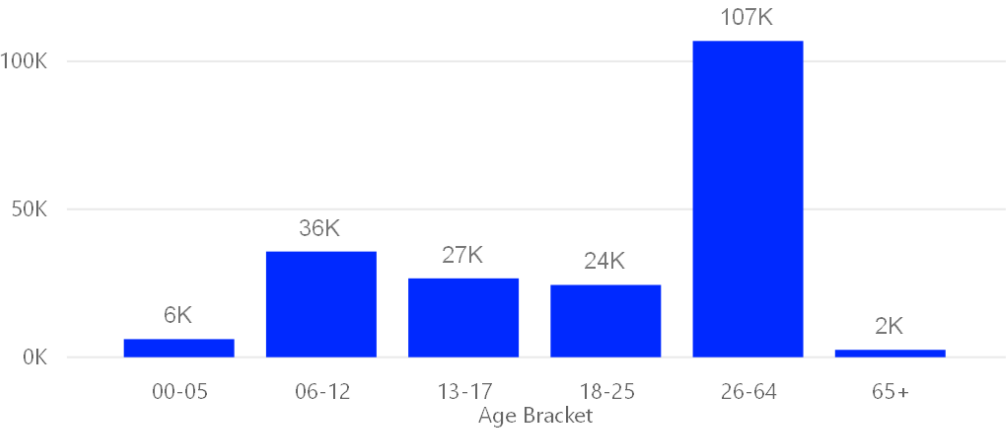
FY

2017

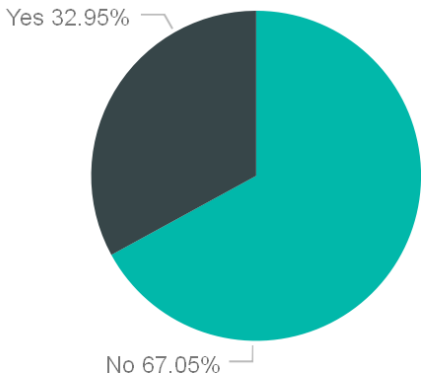
Service Category

All

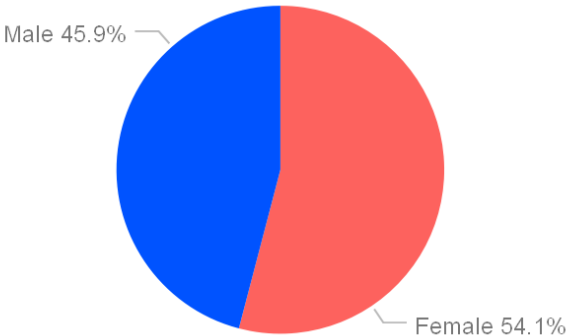
Count of Individuals by Age Group



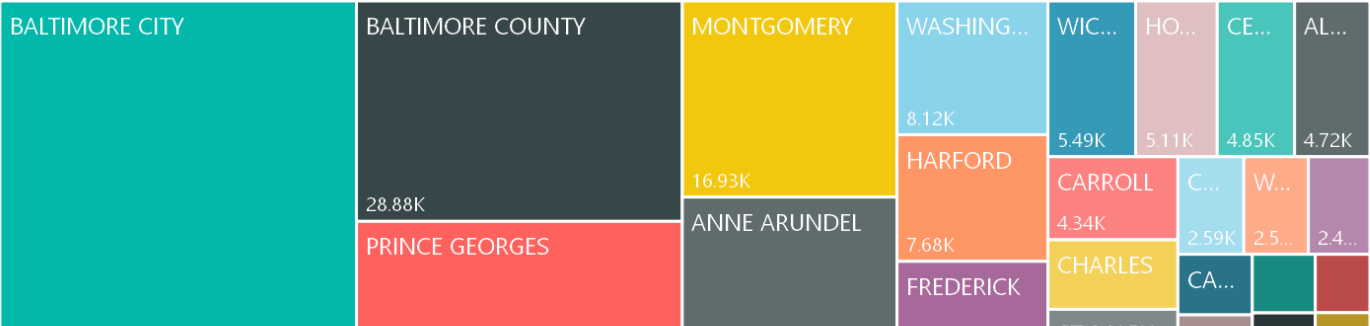
Count of Individuals by Dual Diagnosis



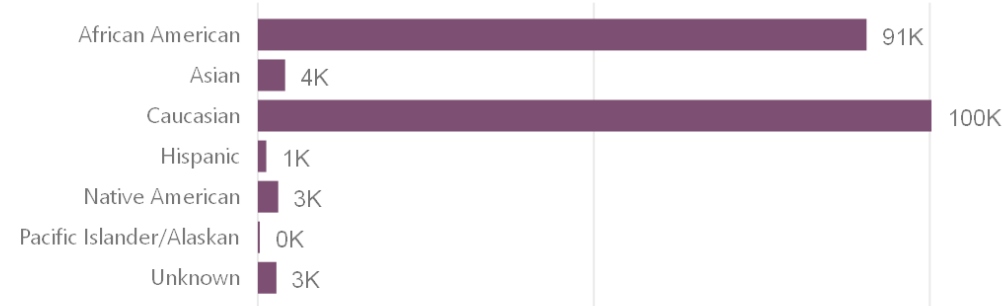
Count of Individuals by Gender



Count of Individuals by County



Count of Individuals by Race



# Service Utilization: Substance Use - FY 2017

Program

Substance Use

FY

2017

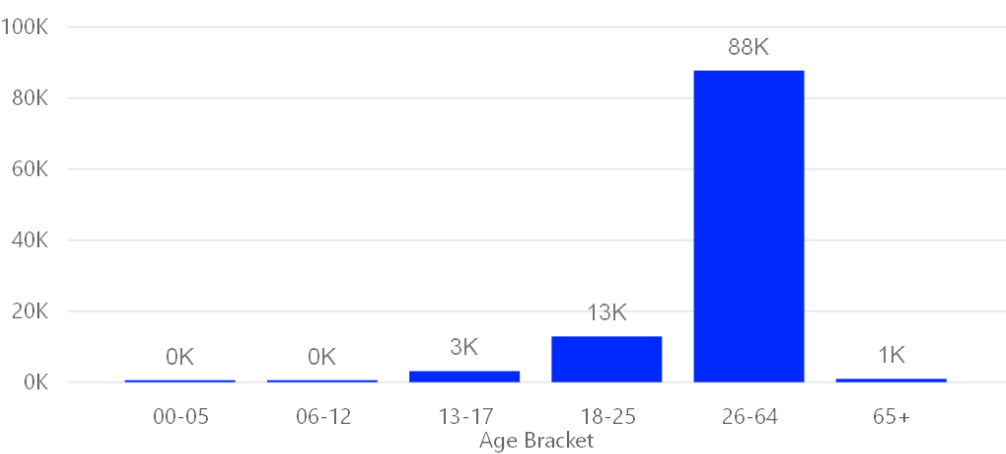
Service Category

All

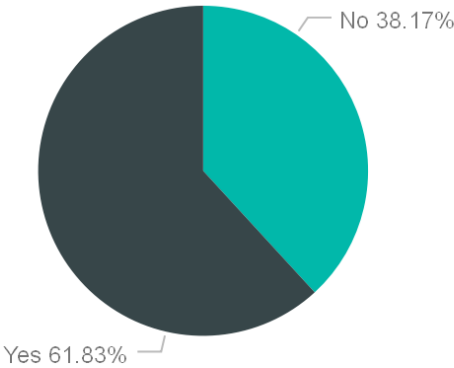
104,987

Count of Individuals

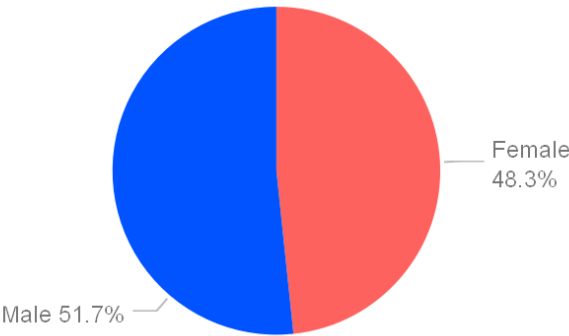
Count of Individuals by Age Group



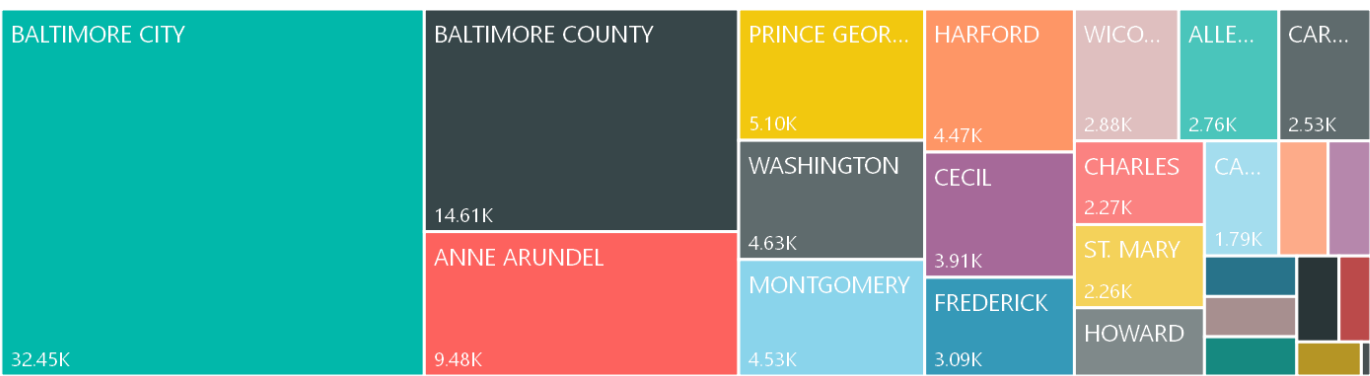
Count of Individuals by Dual Diagnosis



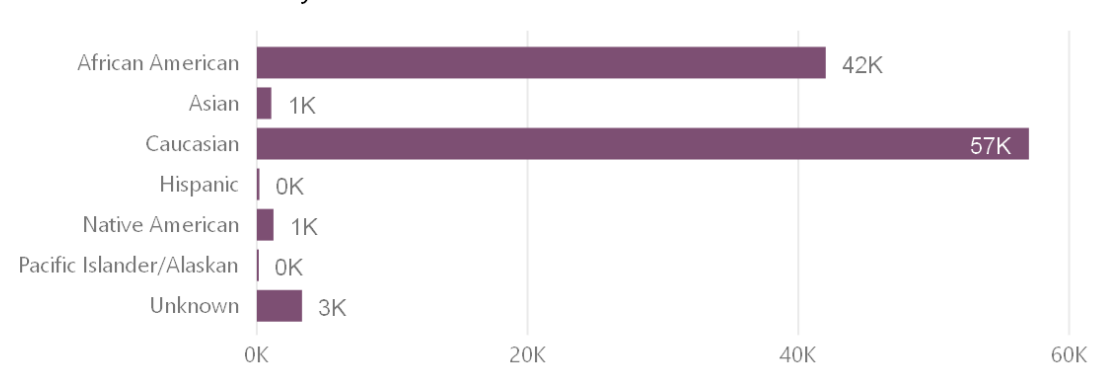
Count of Individuals by Gender



Count of Individuals by County



Count of Individuals by Race



# Emergency Room Utilization: Substance Use - FY 2017

Program

Substance Use



FY

2017



19,156

Visits

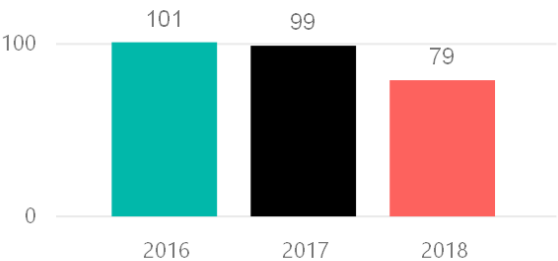
10,335

Count Of Individuals

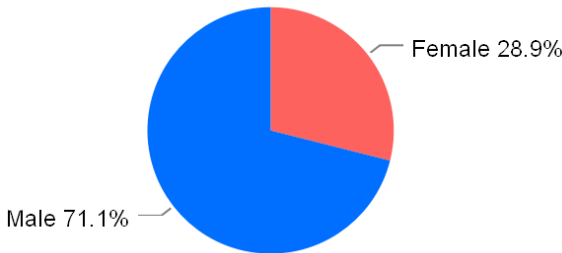
1.85

Average Number of VIsits

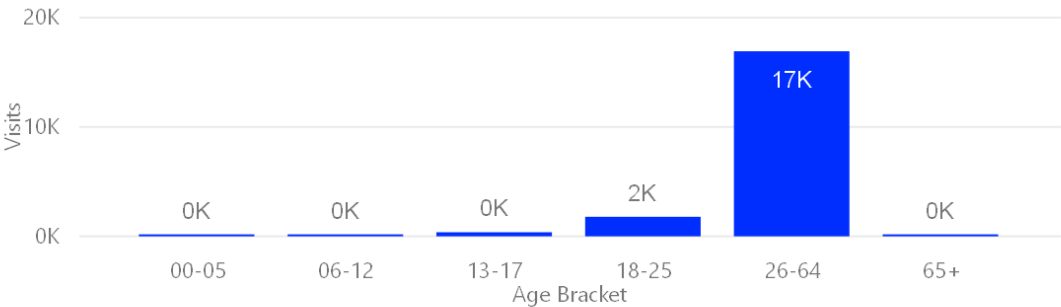
ER Use per 1000 Individuals



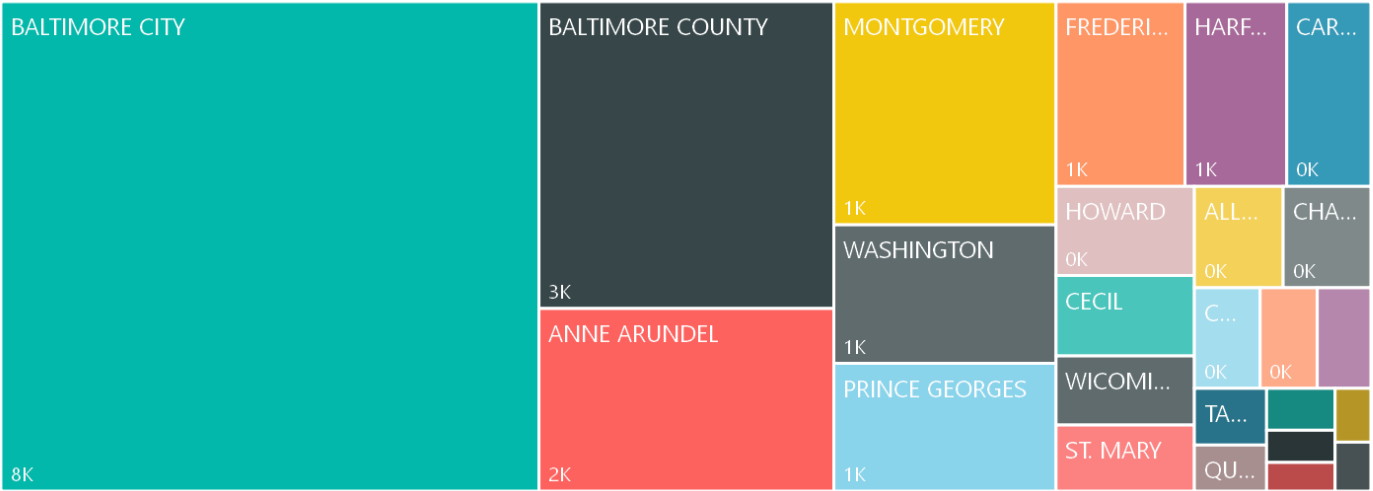
Visits by Gender



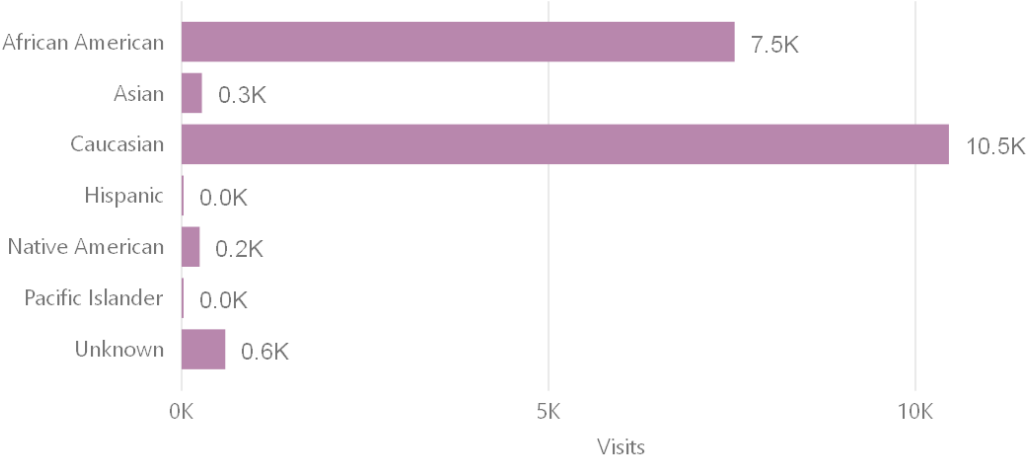
Visits by Age Group



Visits by County



Visits by Race



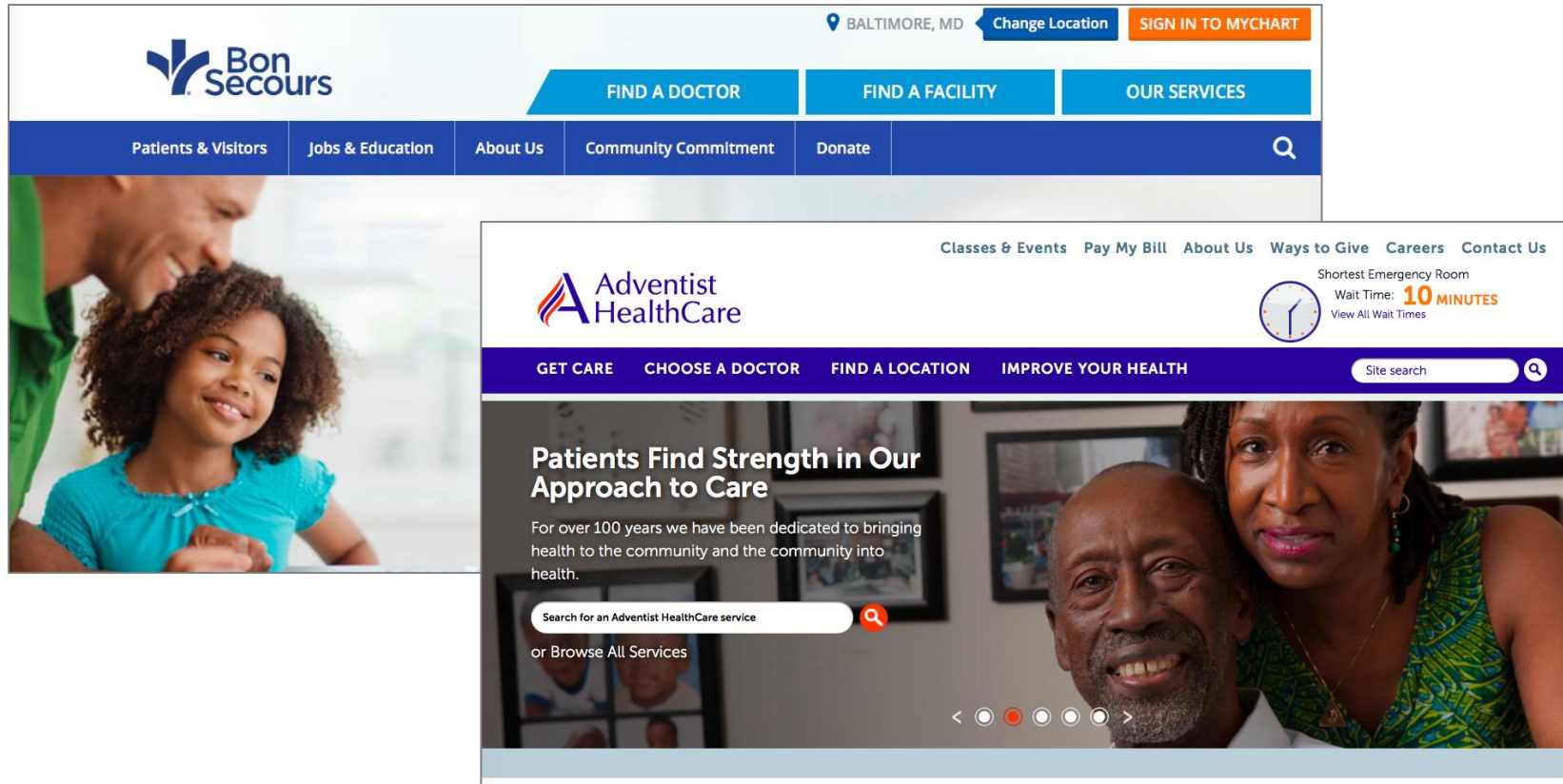
# Internal Business Processes: Addressing the Judicial requirements

Hospital		Beds	Completion*	Comments
1	Clifton T. Perkins (1)	20	Apr '17	10 step-down beds & 10 medium-security beds
2	Clifton T. Perkins (2)	20	Dec '17	Max-security beds for which hiring is under way
3	Potomac Center (1)	12	Oct '17	Transfer dual-diagnosis patients from BHA to DDA
4	Potomac Center (2)	6	Jan '18	Transfer dual-diagnosis patients from BHA to DDA
5	Eastern Shore Hospital	24	Mar '18	Psychiatric inpatient beds
6	Bon Secours	5	Nov '17	Psychiatric evaluations and inpatient services
7	Adventist	8	Nov '17	Psychiatric evaluations and inpatient services

95 Total

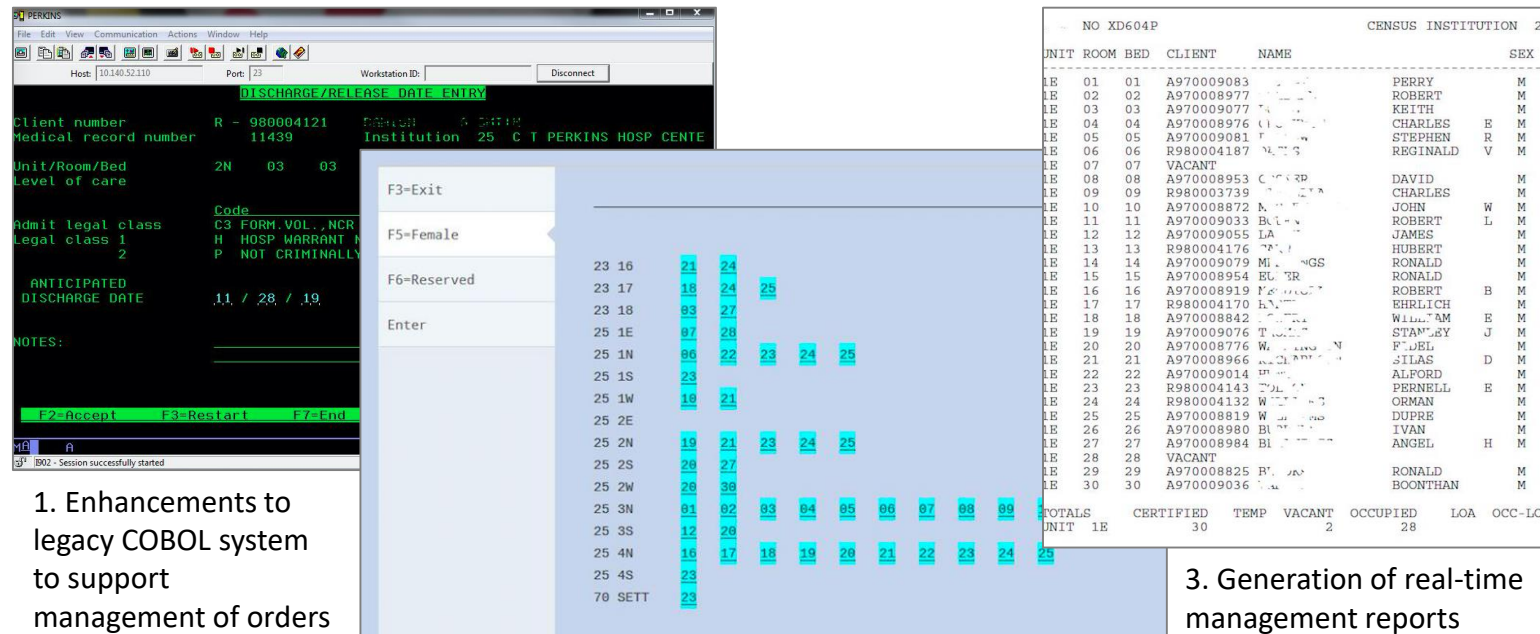
\*Currently estimated dates. Investment, hiring and negotiation is under way for all of the above. For expansions in late 2017 and early 2018, the completion date for the last bed in each facility depends on the pace at which hiring and training occur. The expectation and plan is that most all of the planned beds will be operational by Jan/Feb 2018. If pace of hiring is slower than expected, then the last of the beds might not become operational until Mar/Apr 2018, especially for Eastern Shore Hospital Center. (Note: In addition to the foregoing beds for treatment services, MDH signed an agreement with Bon Secours in September for four (4) beds for diversion services as an innovation for service capacity.)

# Leveraging community-based providers



- Diversion Services: Four beds available as of August
- Treatment Services: Thirteen beds newly available with logistics being finalized
- Fixed vs Flex: The foregoing are committed; additional are available for seasonal spike
- Further Expansion: Other providers have been engaged in early-stage discussions

# Implemented a real-time system for bed management



The image displays three components of the bed management system:

- Enhancements to legacy COBOL system:** A terminal window titled 'PERKINS' showing fields for Client number (R - 980004121), Medical record number (11439), Unit/Room/Bed (2N 03 03), and Anticipated Discharge Date (11 / 28 / 19). It also includes a 'NOTES' section and function keys like F2=Accept, F3=Restart, and F7=End.
- Addition of a modern UI:** A blue overlay with a sidebar containing buttons: F3-Exit, F5=Female, F6=Reserved, and Enter. The main area shows a grid of numbers representing bed status over time.
- Generation of real-time management reports:** A 'CENSUS INSTITUTION 25' report for 'NO XD604P'. It lists 30 units with columns for Room, Bed, Client ID, Name, and Sex. At the bottom, it provides totals for CERTIFIED (30), TEMP (2), VACANT (28), OCCUPIED (28), LOA, and OCC-LOA.

- System implemented in late November 2017 for 8-505/507 process and Title 3
- Ability to track three data streams... demand, availability, forecast... for reporting.



# Prevention and Public Education Campaign Posters

---



**Speak Up.  
Ask Questions.  
Express Concerns.**

Talk to your doctor if you are being prescribed an opioid pain medication.

To Learn More, Visit [BeforeItsTooLateMD.org](http://BeforeItsTooLateMD.org)



MARYLAND DEPARTMENT OF HEALTH  
Behavioral Health Administration

**ADDICTION**

**LESS JUDGMENT. MORE COMPASSION.**

To Learn More, Visit [BeforeItsTooLateMD.org](http://BeforeItsTooLateMD.org)



MARYLAND DEPARTMENT OF HEALTH  
Behavioral Health Administration

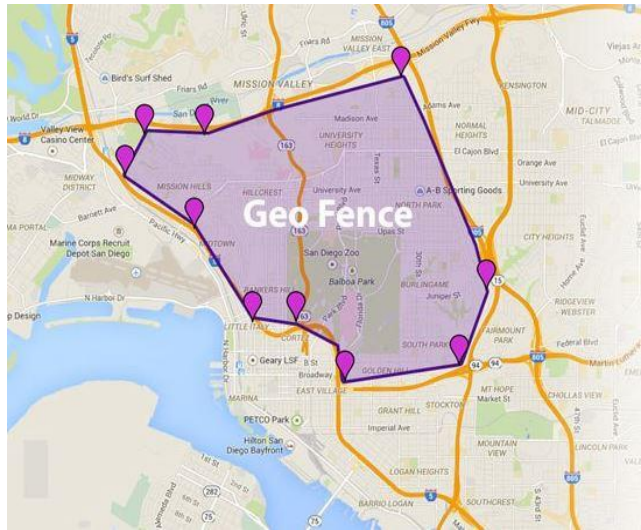




# Talk to Your Doctor

---

- **Geo-Fencing:** creates a virtual geographic boundary around (an area) by means of GPS or Radio-Frequency Identification technology, enabling software to trigger a response when a mobile device enters or leaves the area.



Attribution: Kathleen Rebbert-Franklin

# Talk to Your Doctor (TTYD) Campaign

---

Encourages patients to ask their medical professional questions if they are being prescribed an opioid



**Talk to Your Doctor**

<http://beforeitstoolate.maryland.gov/talktoyourdoctor/>  
**TalktoYourDoctor.org**

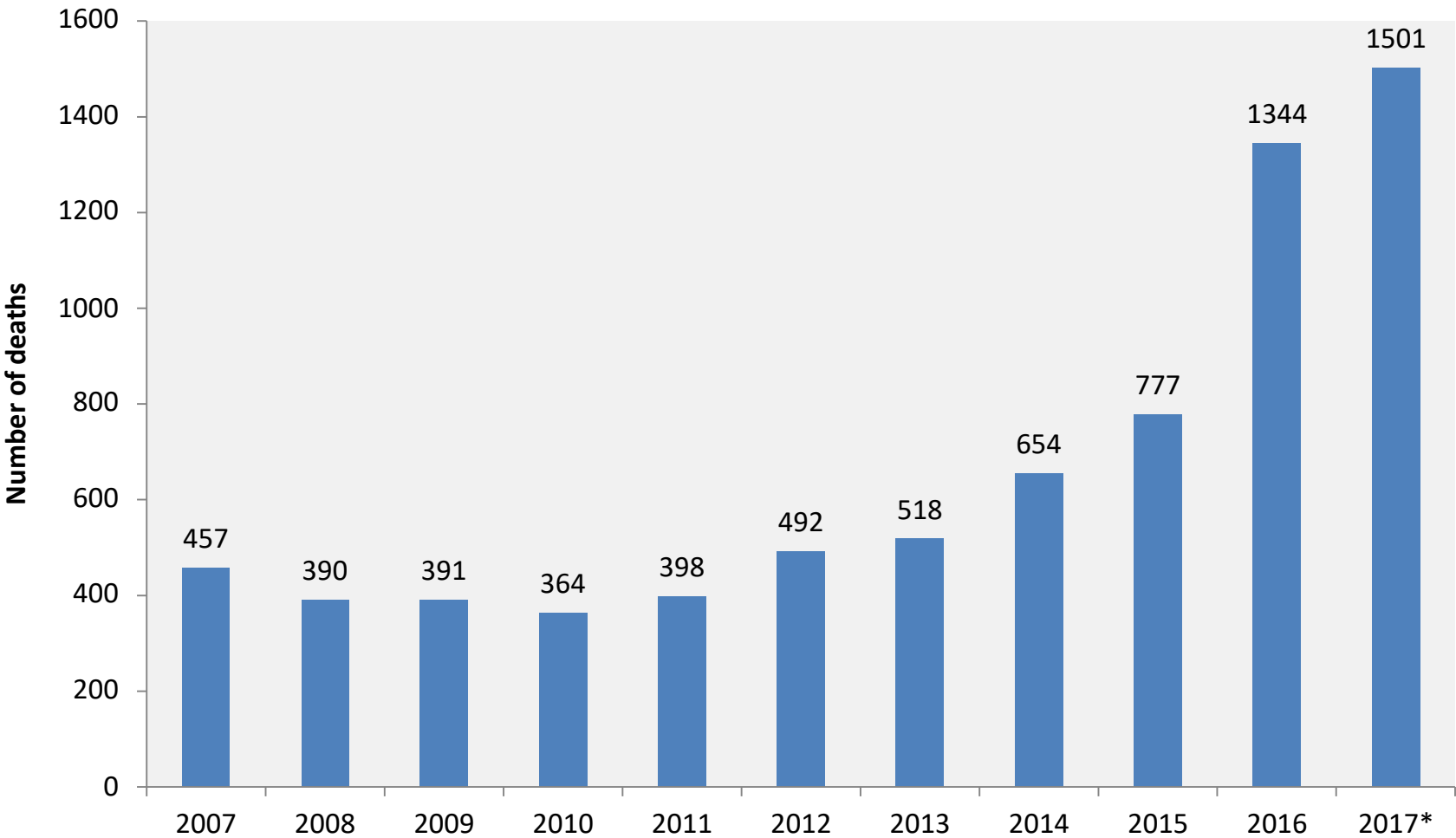
Campaign is on the *Before It's Too Late* site:

1. Contains list of questions to ask with potential answers
2. Training video showing different patient/doctor scenarios
3. Public service announcements to address stigma on TV, radio, movie theaters



# Number of Opioid-Related Deaths Occurring in Maryland from January through September of Each Year.\*

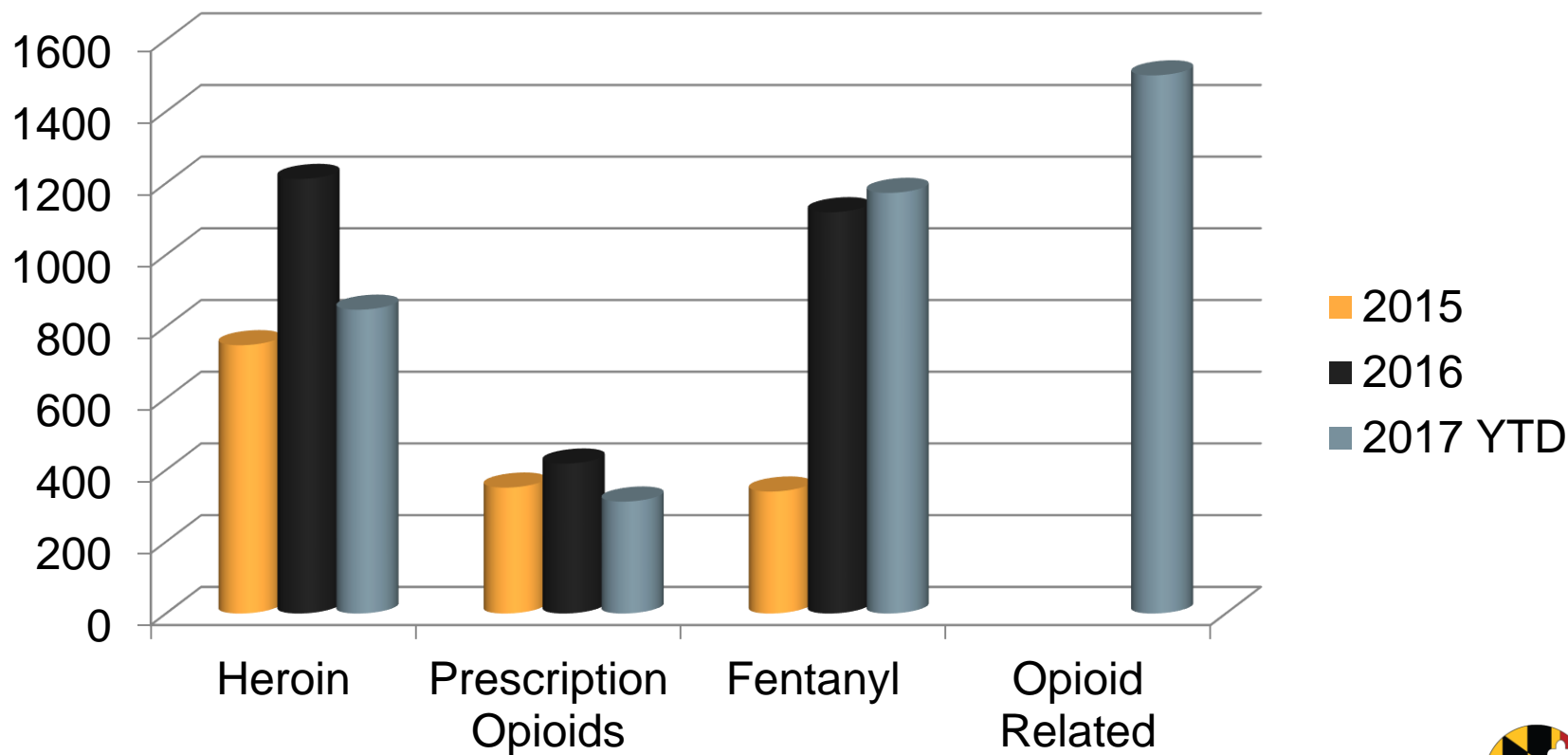
---



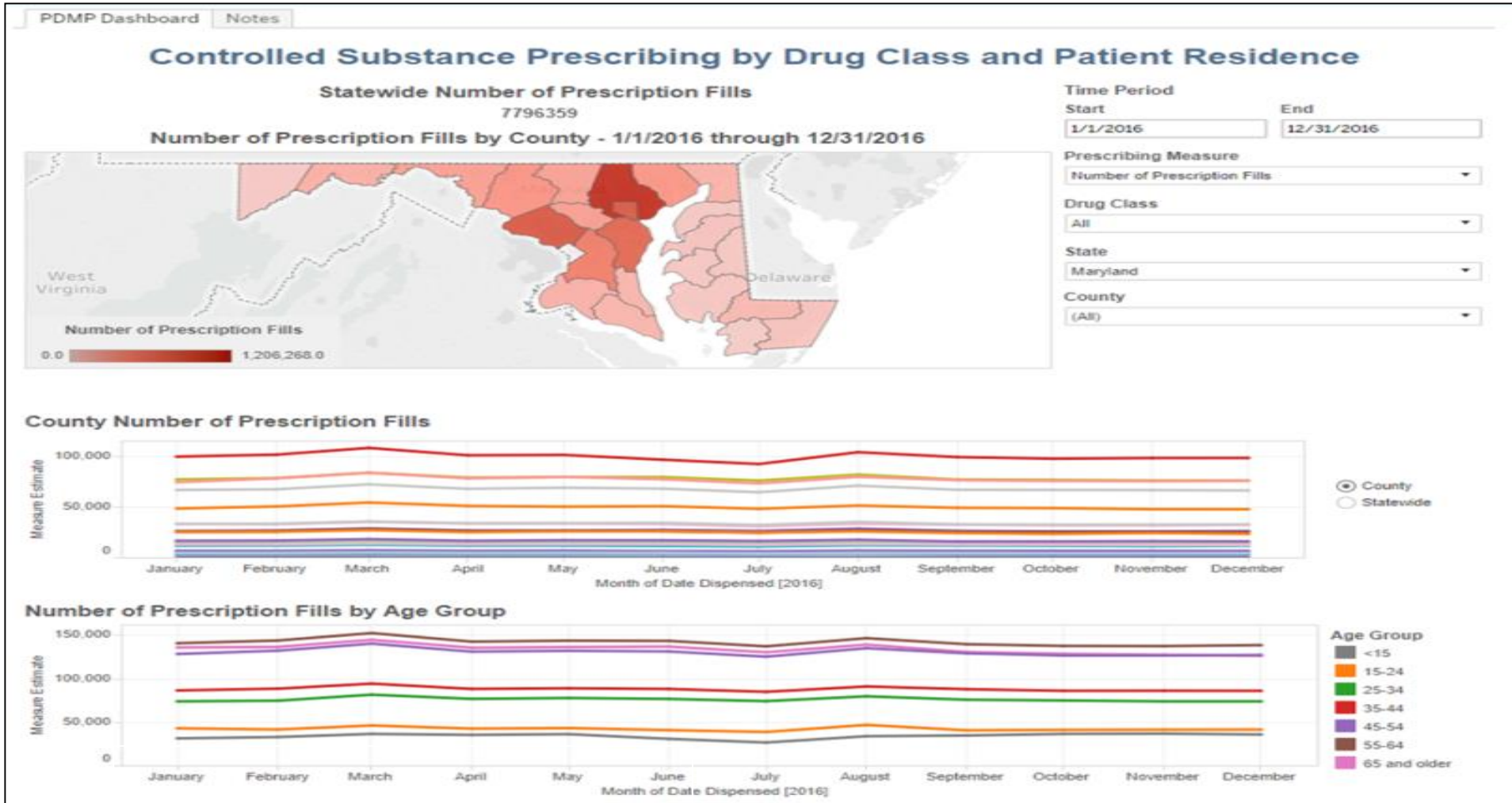
\*2017 counts are preliminary.

# Addressing the Opioid Epidemic: Maryland Picture: 2015 to 2017 YTD

Number of Drug- and Alcohol-Related Intoxication Deaths by Selected Substances 2015-2017 YTD.



# Data Use: PDMP Dashboard



Aggregate measures  
for public health  
planning and  
evaluation at the State  
and local level

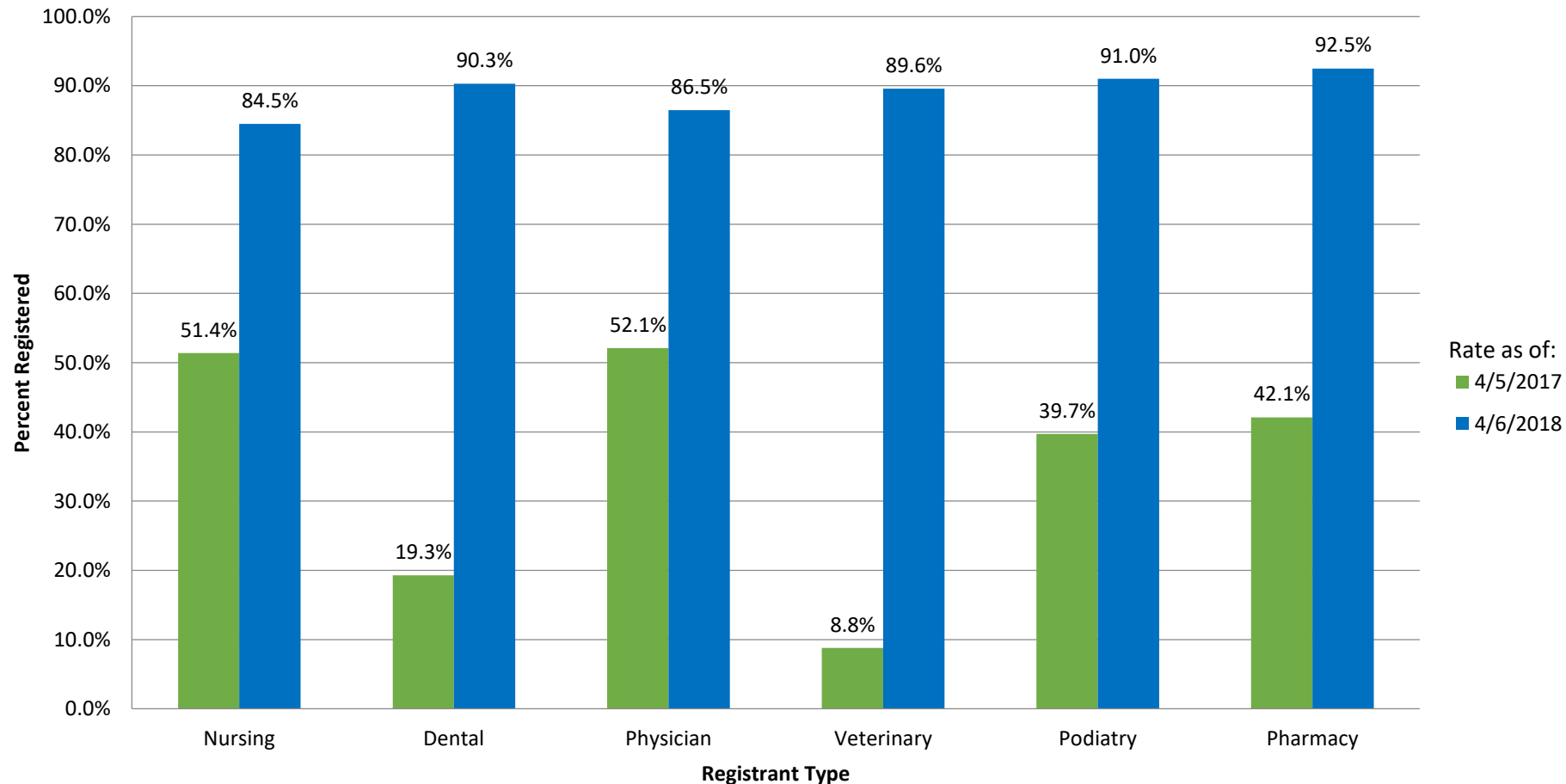
## PDMP Goals To Bend the Opioid Curve

- A. Enhance Clinical Utility of PDMP
- B. Support Regulatory / Investigative Users
- C. Enable Public Health and Research Stakeholders' use of PDMP
- D. Continuously Improve Quality of Data and Analytic Capacity
- E. Support State and Local Health Department during CDS ICS Response

# Prescription Drug Monitoring Program (PDMP)

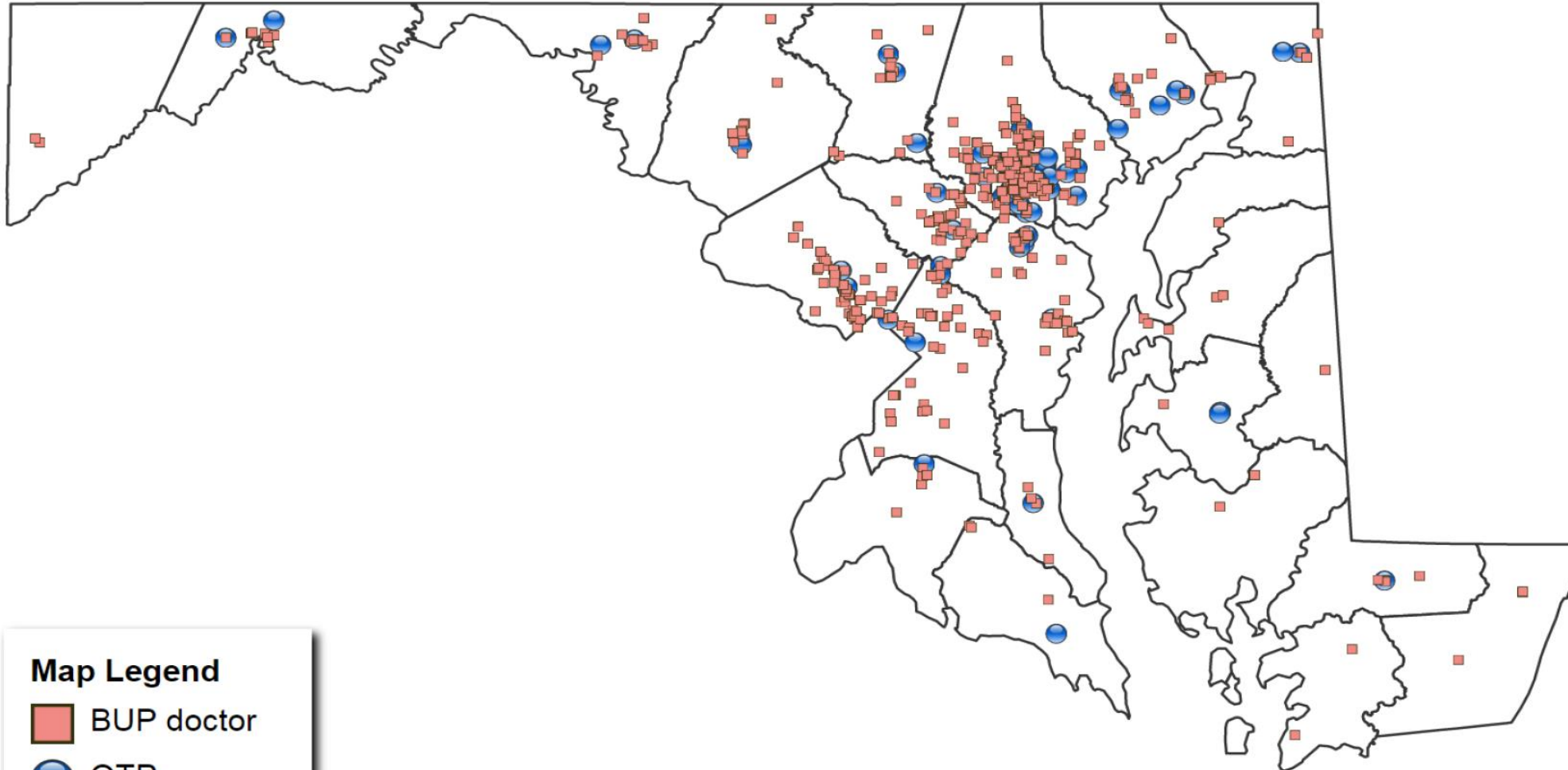
Registration rates have increased over past year

**PDMP Registration Rates for CDS Permit Holders by Profession**  
**April 2017 - April 2018**



# Buprenorphine Expansion

---

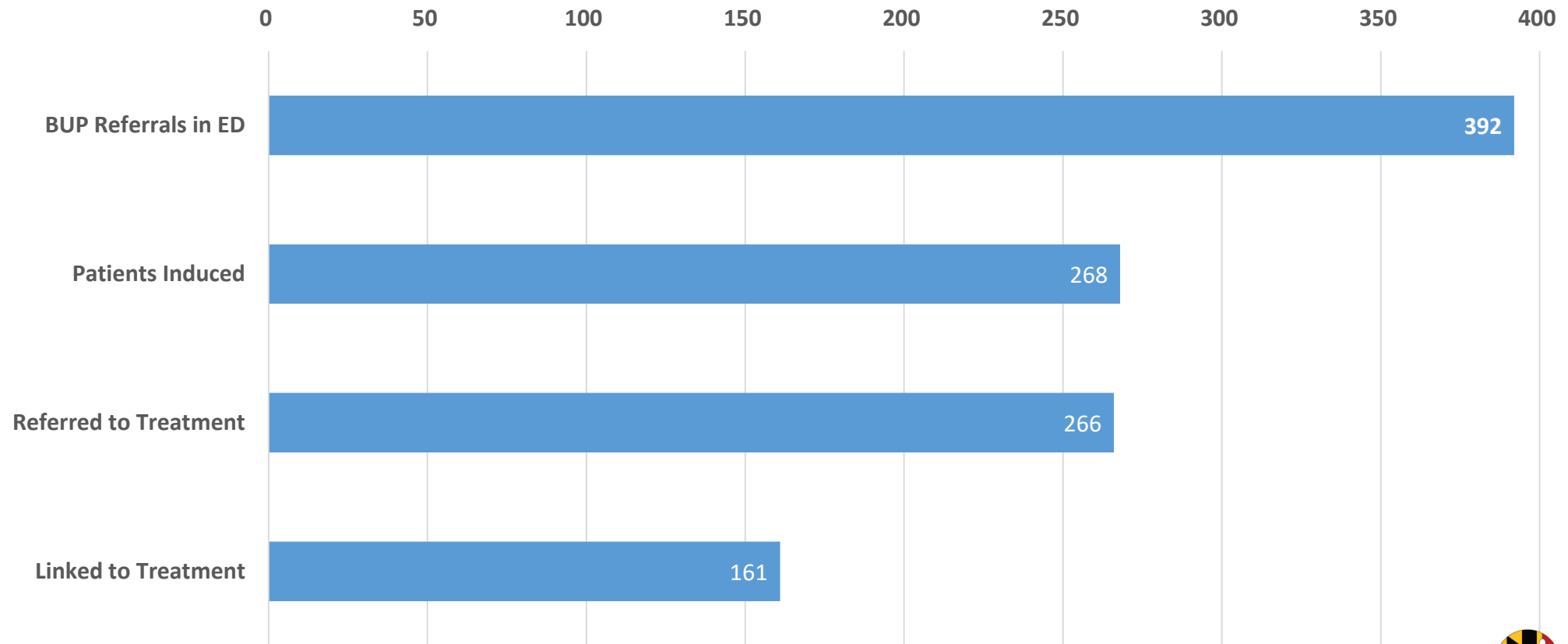




# RESULTS TO DATE: April 2017 through Feb 2018

---

## Buprenorphine Administration (Apr 2017 - Feb 2018)



# Improve access to and quality of evidence-based opioid addiction treatment in the community

---

## Key Strategy: BHA Buprenorphine Expansion Related Projects

- **MACS (Maryland Addiction Consultation Service) (went live 10/2017)**
- PCSS-MAT Implementation Program (PCSS-MIP)
- Buprenorphine prescribing via telehealth
- Outreach to PAs and NPs
- Jurisdictional Buprenorphine Initiatives
- **ED Buprenorphine Induction Project (Hospital Based Buprenorphine Initiative, HBBI)**

# Medication Assisted Treatment

---

BHA has **75 Medicaid Enrolled Opioid Treatment Programs**, serving **32,210 individuals in FY 17** based on claims paid through September 30, 2017, which includes, **3,437** young adults accessing Medication Assisted Treatment (MAT) statewide.

- 4 Non Medicaid OTPs
  - 5 Jail-based OTPs
  - 17 of the OTPs are Health Homes
  - OTPs utilize Methadone, Buprenorphine, and/or Naltrexone (Vivitrol)
- BHA in partnership with Dr. Mark Fishman from Hopkins University, are developing a strategy to pilot a comprehensive MAT Program specifically designed for young adults ages 18 – 25. This will be a **15-20 bed residential facility** to provide MAT that will include: use of Vitriol as a long acting relapse prevention medication, Buprenorphine, multi-component recovery-oriented treatment, outpatient substance use and mental health treatment. BHA has selected to pilot the MAT program for young adults in Baltimore City at the William Donald Schaeffer House, a facility with 20-bed capacity, that served as a group home for males 18 – 24 with substance use disorders and was operated by the DJS.

# MD Medication Assisted Treatment Recovery Services

---

- Provides targeted **Care Coordination, Treatment Expansion and Peer Enhancement Services.**
- Collaboration between BHA, Baltimore City and Anne Arundel County with an overarching goal of reducing the number of overdoses and overdose related deaths in the two high risks communities.
- Primary goals for the project:
  - ❑ Increase the number of opioid overdose survivors receiving MAT
  - ❑ Increase adherence to MAT treatment by utilizing peer support
  - ❑ Decrease illicit drug use by those receiving MAT
  - ❑ Provide specialized training to peers around initial engagement and outreach
  - ❑ Increase the length of stay in MAT
  - ❑ Reduce the number of patients leaving MAT against medical advice
  - ❑ Begin Buprenorphine induction prior to discharge from 3.7 treatment and facilitate admissions to MAT programs

# Screening, Brief Intervention, Referral to Treatment (SBIRT)

---

*Treat opioid dependence by expanding treatment and increasing quality*

- A 5-year, \$10M SAMHSA grant funded implementation in 10 hospitals, 3 FQHCs with 9 sites and 12 primary care organizations with 32 sites
- In FY '18 OOCF funding 5 additional hospitals and pilot programs in Detention Centers
- Universal screening conducted in community health centers, hospitals and the offices of primary care physician's offices to identify misuse, abuse and dependency on alcohol and illegal drugs
- Peer Specialist assist medical staff in Emergency Departments to connect individuals to treatment and provide follow-up services
- The Mosaic Group trains physicians and other medical staff in this model
- **Results** as of February 28, 2018:
  - 260,837 people screened
  - 37,135 screened positive
  - 18,811 provided Brief Intervention
  - 4,665 referred to treatment

# Peer Recovery Supports

---

**Certified Peer Recovery Specialists (CPRS) Program:** Certification is provided through the Addiction and Behavioral-health Professional Certification Board (MABPCB). **Certified Peers (N=153)**

## **Peer Recovery Support Services:**

- ✓ accompanying individuals to appointments/12-step meetings and leisure activities
- ✓ providing assistance with completing paperwork for social services and other support services
- ✓ providing assistance/preparation for employment such as shopping for work related clothing coaching to prepare for an interview

## **Specialized Services:**

- **Peer Support through Healthy Beginnings** - 12 Pregnant/Postpartum women provided peer support, care coordination, and nutrition education.
- **Care Coordination** - 89 individuals served as of January 30, 2018.

# Learning and Innovation: Crisis Stabilization Center

---

- Crisis Stabilization Center opened at Tuerk House April 2, 2018 under contract to Baltimore Health Systems Baltimore
- Operated 24/7
- Persons intoxicated with alcohol or drugs are diverted from emergency rooms to the facility by EMS or Baltimore Crisis Response, Inc.
- Services:
  - The intoxicated persons receive a biopsychosocial medical assessment and vital signs are monitored
  - Individuals are provided a place to sober, shower
  - Patients are engaged by nurses and peer recovery specialists and will connect them to treatment
  - A discharge plan is formulated





# Learning and Innovation: Tele-Health

---

## Maryland Addiction Consultation Service

- Provides case consultation to primary care and specialty providers
  - Addresses initiation and maintenance of buprenorphine
  - Diagnostic questions
  - Psychopharmacology and much more.....
- 
- **In-patient tele-psychiatry** services at Finan Hospital Center
  - **Behavioral Health Integration and Pediatric Primary Care (BHIPP)** phone consultation, training and referral on behavioral health issues. 618 pediatric providers and 998 primary care providers enrolled.



MARYLAND  
Department of Health

# Provider Licensing & Registry System

---

The Provider Licensing and Registry System is a database system that will maintain and track real-time data of Maryland's community-based behavioral health providers' accreditation status, COMAR 10.63 licensure status, and treatment/service locations (e.g., Geo-mapping). Once completed it will be accessible to the public.

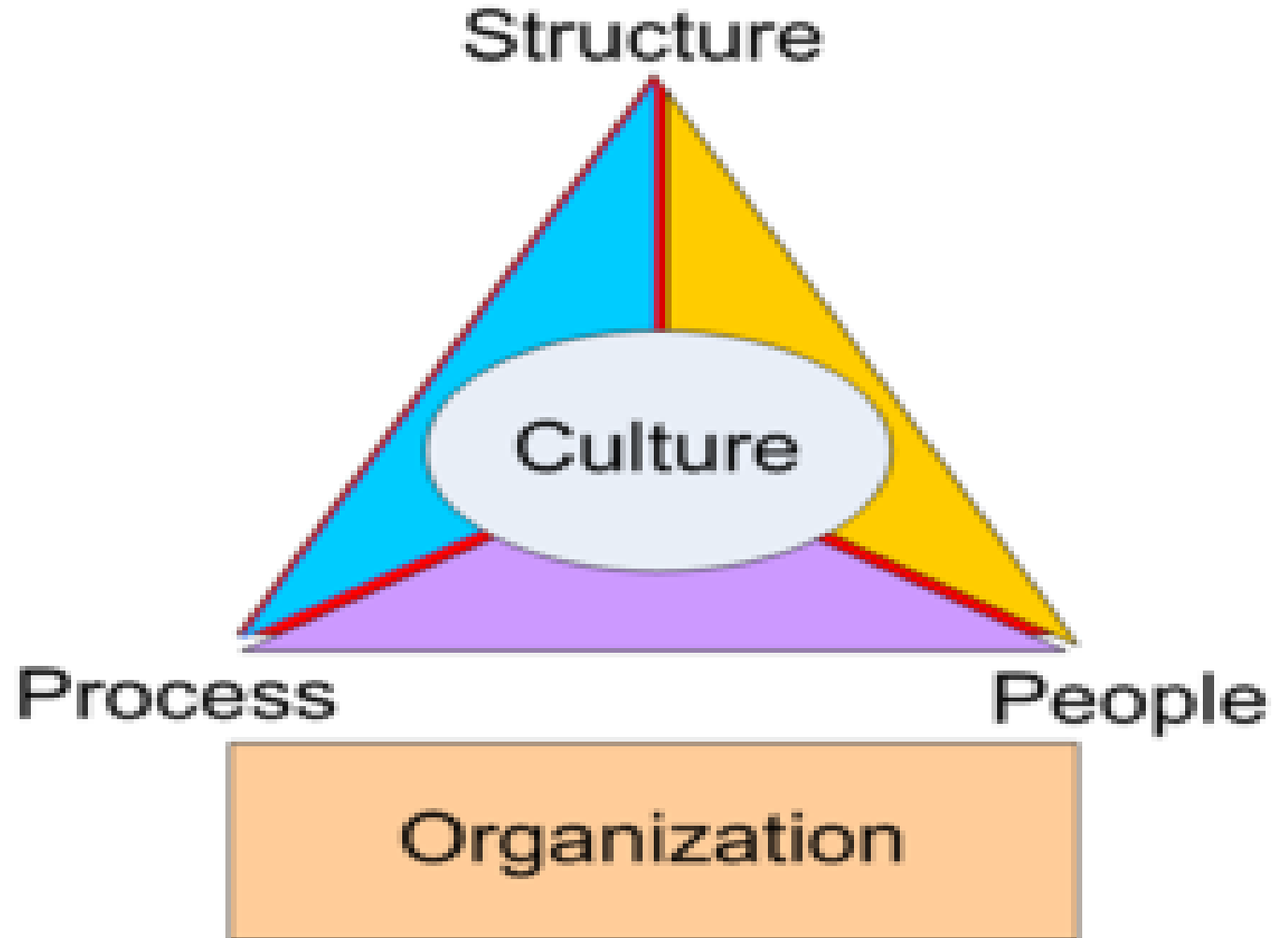
## Data Elements:

- COMAR 10.63 licensure status (e.g., approved/disapproved)
- Program types/Service types
- Specialty Populations Information
- Languages Spoken
- Publishable facilities' addresses by counties/jurisdictions within constraints of CRF 42
- Key staff contact information

# Cultural Linguistic & Competency Plan

---

- The Cultural Linguistic and Competency Plan (CLCP) is in the developmental phase.
- Draft plan will be completed by June 30, 2018



# Customer Care

---

1. Developed improved process for responding to information requests from citizens
2. Response time to controlled correspondence is an average of 7 days
3. Workforce development activities:
  - Established Nurse Practitioner employee category
  - Established increased rates of pay for psychiatrist
4. Provided extensive technical assistance to assist providers in obtaining accreditation and licensure

# Customer Care: MD Crisis Connect ([Mdcrisisconnect.org](http://Mdcrisisconnect.org))

---

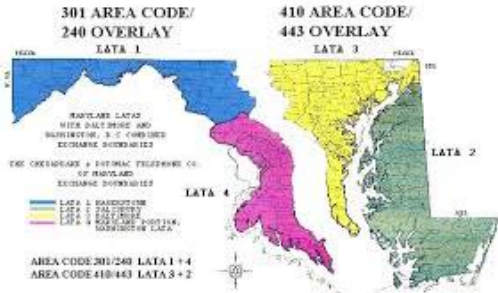
## SUD calls added in 2015!

- New response system, called Maryland Crisis Connect, unifies the hotline, chat, text, and website services
- Starting April 2, 2018, MD contracted with MD 211 to have 24/7 crisis hotline, chat and text for children and adults with mental health and substance use issues
- **Hotline through 211 is now available:** 24/7 chat and text will be available starting July 1, 2018
- Callers will be routed to one of three call centers depending on location of call
- Call centers are accredited through American Association of Suicidology
- Working towards having 211 calls routed directly to a local line if it exists in the jurisdiction where the call originates

# Crisis Hotline (MD Crisis Connect)



—211—



Western 866-411-6803

Eastern 866-231-7101

Central 3 866-406-8156

Southern 866-770-1910



1 – Crisis  
2- General 211

1 – Crisis  
2- General 211

1 – Balt City  
2- Other

1 – Crisis  
2- General 211

1 – Crisis  
2- General 211

LATA 1

301-695-5683



301-663-1048

LATA 2

410-749-5496



410-749-6060

LATA 3

Press 1 410 539-0039



Press 2 410-531-6677



maps to 410 895 1596 – Sub Menu



LATA 4

301-864-7153



301-864-7161

# Moving forward in collaborative efforts in Transformation

---

- Recovery Capital Program
- Continued expansion of MAT
- Continued Saturation of Naloxone throughout the State
- 24/7 accessibility to care
- Expansion of crisis services
- Integration of local management entities
- Continued improvement in customer service areas

# Moving Forward Together in Transformation

---



**Thank you!!**